BEST AVAILABLE COPY 9

				Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999									09675545					
CLAIMS AS FILED - PART I									MALI	. ENTI	TY		OTHER	THAN
<u> </u>			(Column 1)			(Column 2)			TYPE		1	OR		ENTITY
FOR ·			NOWBI	ER FILED		NUMBER	EXTRA		RATE	FE	E	1	RATE	FEE
BASIC FEE					<u>'</u>					345	.00	OR		690.00
TOTAL CLAIMS			/ / minus 20=			•			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =			•			X39=	1		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								400	 	_	1			
• If	the difference	<u> </u>	130=	<u> </u>		OR	+260=							
* If the difference in column 1 is less than zero, enter "0" in column 2									OTAL	<u> </u>		OR	TOTAL	1,40
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								S	OTHER THA					
ENTA		REM. AF	AIMS AINING TER DMENT		PR	HIGHEST HUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE
MENDMENT	Total -	.11		Minus .	'	\mathcal{W}	= 🚷	×	(\$ 9=			OR	X\$18=	
AME	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PEND	S ENT CLAIM	= 0	>	(39=			OR	X78=	
		-			LITE	ENT OLDAIN		+	130=			OR	+260=	
2/2/11							• • • • • • • • • • • • • • • • • • • •	TOTAL			OR	TOTAL		
	11100	(Colu	ımn 1)		`(C	olumn 2)	(Column 3)	مرم	NI. FEE			,	NDDIT. FEE	
AMENDMENT B		_	LAIMS NAINING	:		HIGHEST NUMBER	PRESENT	Г		ADE	ADDI-	1/[ADDI-
		AF AMEN	TER DMENT		PR	EVIOUSLY AID FOR	EXTRA	R	ATE	TION FEI			RATE	TIONAL FEE
	Total	• 1	<u> </u>	Minus	••	<u> </u>	=	х	\$ 9=			OR	X\$18=	
	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PEND	ENT CLAIM	=	×	39=			OR	X78=	
						ETT OCHUM		+1	130=			OR	+260=	
									TOTAL			OR	TOTAL ADDIT. FEE	
			ımn 1)			olumn 2)	(Column 3)					,		
AMENDMENT C		REM/ AF	AIMS AINING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	ATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
	Total	•		Minus			=	X	\$ 9=			OR	X\$18=	,
	Independent	•		Minus	•••		=	H	39=	┢─				·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\vdash	35=	<u> </u>		OR	X78=	
	f the entry in colu		30=	<u> </u>		OR	+260=							
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												OR ,	TOTAL ODIT. FEE	
•	The "Highest Num	ber Prev	iously Pal	d For (Total o	r Indep	endent) is the	highest number	found is	n the ap	propriat	e box	in coli	ımn 1.	
204	A PTO-875									:		<u>.,.</u>		

FORM PTO-875